

Docket Number (Optional)  
01-619



**Filed: 4/15/2004**

Group Art Unit 2635	Examiner <b>BROWN</b>
------------------------	-----------------------

120.00 UP

# FEE TRANSMITTAL



<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Application Number	10/824,500
		Filing Date	4/15/2004
		First Named Inventor	OGASAWARA
		Examiner Name	BROWN
		Art Unit	2635
TOTAL AMOUNT OF PAYMENT	(\$ 320)	Attorney Docket No.	01-619

## METHOD OF PAYMENT (check all that apply)

- ☒ Check    ☐ None    ☐ Other (please identify):
- ☒ Deposit Account    Deposit Account Number: 50-1147    Deposit Account Name: Posz Law Group, PLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = <u>4</u>	x <u>50</u>	= <u>200</u>
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____	x _____	= _____
HP = highest number of independent claims paid for, if greater than 3		

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ _____ (\$ for small entity)	
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).	
<b>Total Sheets</b>	<b>Extra Sheets</b>
- 100 = _____	/ 50 = _____
(round up to a whole number) x _____ = _____	
Number of each additional 50 or fraction thereof	
<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>

### 4. OTHER FEE(S)

Non-English Specification,	\$130 fee (no small entity discount)	
Other: <u>1 month extension of time</u>		<b>120</b>

## SUBMITTED BY

Signature	Registration No. (Attorney/Agent) <u>43,102</u>	Telephone (703) 707-9110
Name (Print/Type) <u>Robert L Scott, II</u>	Date <u>23 January 2007</u>	